Field Report Type: STACH Field Report Number: ET20190222MB Casualty Type: Nonhostile Casualty Status: Deceased **Casualty Category:** Undetermined Special Category Special Interest Multi Casualty: DoD ID: Last Name: **EVANS** First Name: **KIERRA** DEANQUANETTE Middle Name: Suffix: Person Type: Regular Person Affiliation: Active Duty Person Category: Obligated/Voluntary Service Rank: Grade: United States Navy Service: Unit: Recruit Training Command Great Lakes UIC: In Support of Other Service: Incident Dt: 22 Feb 2019 15:10 Member went into cardiac arrest while inpatient status on the Very Serious Injury List at Northwestern Lake Forest Circumstances: Hospital 1000 N Westmoreland Rd. Lake Forest, IL 60045. Time of Death reported by RTC CACO: 2152 Friday, February 22nd, 2019. RTC Medical Liaison: (b) (6) RTC CACO: b) (6)(b) (6) FHCC Case Manager: (b) (6) FHCC Decedent Affairs: 847-343-0304. Inflicting Force: War Conflict: Ops Incident: Event: Investigation Required: Vehicle Group: Vehicle: Armor level: Vehicle Owner: Position in Vehicle: Incident City: GREAT LAKES Incident State: Illinois Incident Country: Grid:

1 -40			
Lat/Long:			
Location:	Cardian Arrest		
Diagnosis:	Cardiac Arrest	1 0450 Control Time Friday 00 5	h 0046
Cause:	Pending Autopsy Result. Time of Death reported by RTC CACO 22 Feb 2019 21:52	r. 2152 Centrar Time, Friday, 22 Fe	bruary 2018
Death Dt:			
Death City:	Lake Forest Illinois		
Death State:	IIIIIIIII		
Death Country:	Died In A Madical Tanakas and Facility		15
Died in Medical Facility:	Died In A Medical Treatment Facility		
Continuously Hospitalized:			
Race:		·	
Ethnicity:			
Sex:			
Religion:	·		
Birth Dt:			
Birth City:			
Birth State:			
Birth Country:			
Citizenship:			\$ 150 \$ 100 \$ 100
DMOS: PMOS:			
PEBD:			
BASD:			
Home of Record (City):			
Home of Record (State):			
Home of Record (Country):			
Civilian Employer Type:	·		
Civilian Pay Grade:			
Civilian Contract Agency:			
Civilian Organization:	·		
DD93/RED Completion Dt:			
DD93/RED Review Dt:			
SGLI Dt:			
Training/Duty Related:			
Training Type:			
Training Start Date:			
Training End Date:			
Duty Status:	Hospitalized		
Start Dt:		,	
End Dt:			
Retired/Separation Dt:			for a second
TDRL/PDRL:			
TDRL/PDRL %:	·		
TDRL/PDRL Dt:			
	I 4	1	

Posthumous Recommend

Date:

Posthumous Rank

Recommended:

Higher Rank Held:

Higher Rank Held From Dt:

Higher Rank Held To Dt:

DG Remarks:

Remarks:

Member's remains are in transit from Northwestern Lake Forest Hospital to Lake County Coroner's Office (847-377-

2200) for autopsy. Page 2 and SGLI are previously submitted.

Closed Dt:

User Registration Info:

Name:

(b) (6)(b) (6)(b) (6)

Rank/Grade:

(b) (6)(b) (6)(b) (6)(b) (6)(b) (6)

Phone:

(b) (6)(b) (6

Email:

(b) (6)(b) (6)(b) (6)(b) (

Service:

United States Navy

Unit:

Captain James A. Lovell Federal Health Care Center

UIC:

00211

Location:

FHCC Lovell

City:

Great Lakes

State:

Illinois

Country:

United States

PERSONNEL INJURY/PROPERTY DAMAGE MISHAP INVESTIGATION REPORT

MISHAP INVESTIGATION REPORT

ALL appropriate blocks that apply are required to be filled in below.

Report is locked and maintained by RTC Safety Office.

Command:30646-RTC RECRUITS

List if "Other": N/A

Service: Milit Military	ary Rank/Civilian Grade: SR	Mishap Type: Illness	Reportable To Safety: N/A
Name: Evans, Kierra D	Num	Security Date Of Bi	rth: Age: Gender: 20 Male Female
Height: (Inches)	Weight: (LBS)	Marital Status: Single	Number Of Dependants:
Injured Persons Assigned Building/Department: List 1:7117-Ship 7 USS CH List 2: OTHER List if"Other":		Class # or Department	t: Student/Recruit Day Of Training: 6-1
Date Of Injury: Ho 22FEB19	ur Injury Occurred: Inju 1345		Status: Shift: On Select
	Duty Driver:	YES NO	
	Driver Name: N/A	Destination: N/A	
<u>FILL</u>]	N FIELDS ONLY IF EMT/A	MBULANCE WAS IN	VOLVED
Time Ambi	lance Called: 1400 Arrival	Time: 1418 Departs	ure Time: 1456
Ambulance	: Driver Name:	Destination: Lake	Forest Hospital
General Location of Mi	shap: List 1: 7250-FREEDOM	I HALL or List 2: OTF	IER List If "Other":
Specific Location of Mi	shap:		
	Space:Other List If "Other" Division Compartment:Sele	Track 1	
Was There Property Da	mage:NO Estimated	Amount: 0.00	
Describe Property Dam	age: N/A		
Case Type:Select			
Recruit Disposition from	n Medical/Local Hospital: LL	Dx SIQx F	FD_
began crawling on the d	SR Had just completed running eck. on site corpsman instruct of the lap in and collapsed aga	ted her to get up and w	alk a lap and hydrate.
WESS CASE NUMBER	k:		Page 1 of 2

PERSONNEL INJURY/PROPERTY DAMAGE MISHAP INVESTIGATION REPORT

ALL appropriate blocks that apply are required to be filled in below.

Report is locked and maintained by RTC Safety Office.

and the track Safety. upon picking recruit up, her 1st RDC noticed she was cold to the touch and her lips had turned white, this was told to the corpsman, who said SR was just dehydrated. SR arrived at hydration station and drank small sips of water, the she collapsed for a 3rd time, her 1st RDC waved over the corpsman, who rushed over, felt for pulse and took off to call and ambulance and retrieve the AED. AED was placed upon the recruit, and AED notified to commence CPR. Corpsman began chest compression, second corpsman showed up and began assisting with breaths while awaiting ambulance to arrive, once ambulance arrive, EMT staff took over and cleared the scene. SR was taken to Lake forest hospital with a pulse, not breathing on her own.

Body Part(s) Affected:

Body Part Location if it Applies-Select List If "Other or Multiple": N/A

Job Activity at Time of Injury: Final PFA

Mishap Unsafe Act: N/A (possible reason for Mishap if known)

Injury Type:Contact with

Were Drugs/Alcohol Involved?N

Was PPE Utilized?N (If Yes, List in Remarks)

Were There Chemical(s) Involved In This Mishap?N (If Yes, List in Remarks)

Supervisor: (b) (6)(b) (6)

Safety Rep: (b) (6)

Supervisor's Recommendation To Prevent Recurrence: N/A

Remarks Section: SR was unresponsive, not breathing and with a weak pulse following completion

of official PFA.

PRIVACY ACT STATEMENT

GENERAL: This information is provided pursuant to Public Law 95-579 (Privacy Act of 1974)

31 December 1974 for individuals completing this form.

AUTHORITY: OPNAVINST 5100.23 (Series), Subj: Naval Occupational Safety & Health (NAVOSH) Program

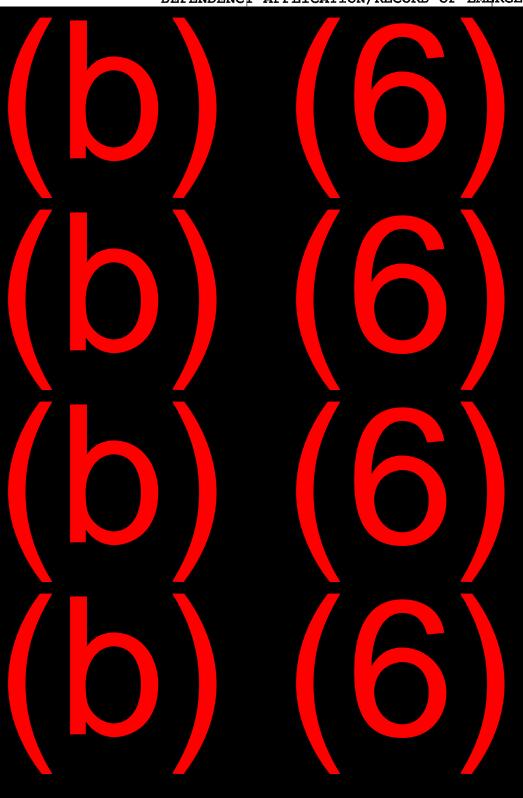
EFFECTS OF NONDISCLOSURE: Omission of an item might delay forwarding of official report as required by OPNAVINST 5100.23 (Series) and OPNAVINST 5102.1 (Series).

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER: The SSN is used only as an identifier throughout your federal career from the time of application through retirement. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out per established regulations and published notices of systems and records. The use of the SSN is necessary because of the large number of present and former federal employees and applicants with identical names and dates of birth whose identities can be distinguished only by the SSN.

WESS CASE NUMBER:

Page 2 of 2

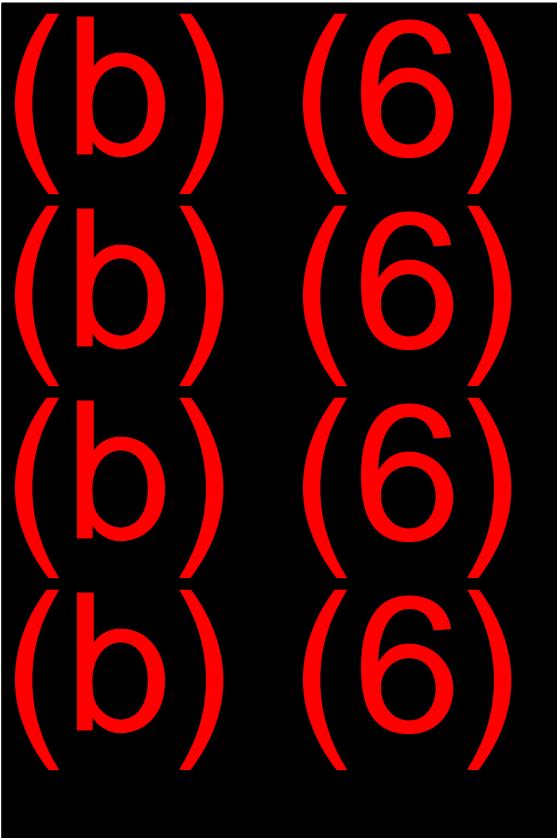
DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA



NAVPERS 1070/602 (REV 08-2010)

Page: 1 of 3

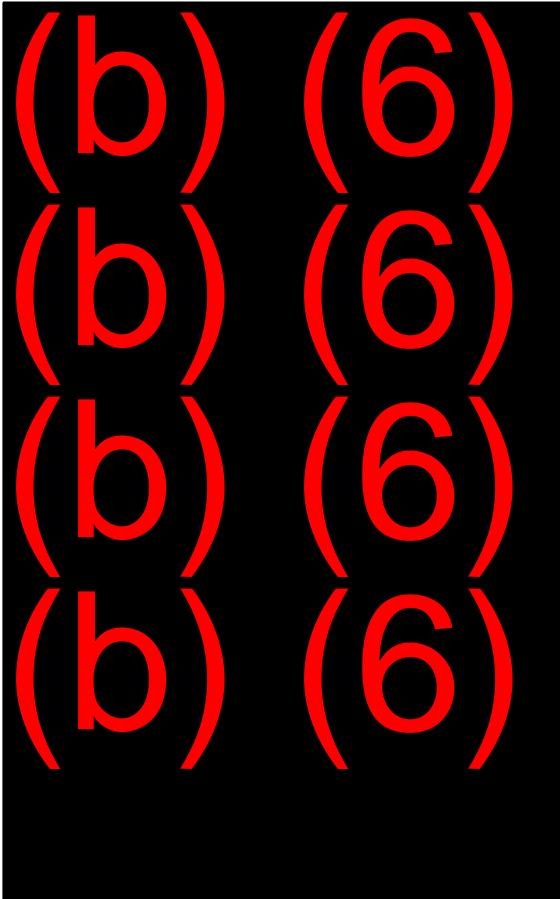
FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE



NAVPERS 1070/602 (REV 08-2010)

Page: 2 of 3

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NAVPERS 1070/602(REV 08-2010)

Page: 3 of 3

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE



Office of Servicemembers' Group Life Insurance

Servicemembers' Group Life Insurance Election and Certificate

1.	About You				
	KIERRA DEANQUANETTE	EVANS	E-	1	роминическия чинностический от при
	Print Name (First, Middle, Last)			title or grade	Social Security Number
	RTC GREAT LAKES		N/	AVY	(b) (6)
\$3K0895	Duty Location		Brand	h of Service	Current Amount of SGLI
2.	About Your Coverage (This fo	orm replaces all prior designation	s)		
	I am completing this form to: $(C$	1			Covernae is
	·	iciary. You must complete sections 3 & 5			Coverage is available in
		erage to \$. <i>You</i> natically increase FSGLI, if FSGLI was < \$		ete sections 3, 4, & 5.	increments of \$50,000 up to
	_	\$ You must comp		s 3 & 5.	a maximum
	Decline or cancel SGLI coverage	e. Write below "I do not want insurance	at this time.	" You must complete s	section 5 only. of \$400,000
4300000					
3.	About Your Beneficiaries (Plant specifically name henefit	ease always complete this sectio ciaries, your insurance will be pa	n unless y id hv law	ou are declining c Please read the in	overage. If you do
	before selecting your benefic	iaries.)	ia by law.		normation on page 5
				Share to eac	ch (% or \$
				amounts. The	
	Primary	Social Security Number	Relationshi	the full dollar	r amount of your (Lump sum* or Each share must 36 equal monthly
	Name and Address	(If available)	to you		han \$0.00 or 0%) payments)
	1. (b) (6)		mother	100%	36 pmts
	2.				
	3.				
	4.				
	Secondary				
	1. NONE				
	2.				
	3.				
	4.				
		eck this box if 1.) you have additional benefic litional documentation to complete your bene			nental SGLI Beneficiary Form, SGLV
	* If the insured member elects a lump a Alliance Account®, by check, or Elect	sum payment, the beneficiary(ies) will be give ronic Funds Transfer (EFT). Alliance Account is d its territories, and certain other payments. 1	n the option of not available	of receiving the lump sum of for payments less than	
	The Bank of New York Mellon is the Admini located at 751 Broad Street, Newark, NJ 07	strator of the Prudential Alliance Account Settleme 102-3777. Draft clearing and processing support is ce Corporation (FDIC). The Bank of New York Me	nt Option, a co provided by Th	ntractual obligation of The P e Bank of New York Mellon.	rudential Insurance Company of America, Alliance Account balances are not
GL.2	010.094 Ed. 2/2015				SGLV 8286 Page 1 of 4

About Your Health	oomprote un			ng covera		×××××××	
	DD MAAA	Ver en	*	Vanabala		Your ge	nder Female Male
Your date of birth (MM		Your weight	`	Your heigh	IL		
g. Do you have any kn deformities, or ill he If you answered "yes" Group Life Insurance (O Your Signature You	ons of: diagnosed as own physical ealth not cove to any questi OSGLI). If you a must comple	s having a disease of the immu impairments, ered above? on above, a request to increase answered "no" to all the questi	Ine system? Coverage does nons above, your	[] [] [] [] [] [] [] [] [] []	If s and Ple if r if r	so, reference the d list date, duration assessment additional addi	ES" to any question? question by letter ion and details below tional documentation ce of Servicemembers fect immediately.
		page 3 and instructions on page 3 and instructions	-	erstand	that:		
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Please take note:	and	ophical contractions and an	thon				
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